

# Worksheet 17: Mitzi's story

Mitzi is an 88-year-old woman. She has advanced mixed dementia and lives in a nursing home. Due to her cognitive impairments, sensory difficulties (poor vision and hearing) and poor motor skills, Mitzi needs to be fed and physically supported to drink by the nursing home staff. Mitzi has shown a declining level of interest in eating and drinking in recent weeks, and her intake has reduced drastically.

Because of concerns about her nutritional status, the nursing home refers Mitzi to a dietician. The dietician requests that the nursing home team keep food and fluid charts for Mitzi so that her intake can be measured and monitored. Following the dietician's assessment, Mitzi is found to be significantly underweight and deficient in calories and nutrients for her health. As Mitzi is disinterested in food and drink, the dietician prescribes supplements for Mitzi to try to increase the calories and nutrients she consumes.

Notes

Mitzi does not take to the supplements well, and nursing home staff have noted in the last two days that she has become more agitated and distressed than usual. Mitzi is not urinating as much as normal, and her urine is foul smelling. A GP visit is requested. The GP diagnoses a UTI and dehydration and arranges for Mitzi to be taken into hospital.

While in hospital Mitzi declines to eat or drink very much. She is diagnosed with delirium and a treatment plan is established. Staff and Mitzi's family have noticed that when Mitzi does eat or drink, she frequently coughs or 'pouches' food in her mouth without swallowing it. A referral is made to a speech and language therapist who assesses Mitzi's eating and drinking skills and her swallow. The speech and language therapist diagnoses dysphagia, and recommends Level 4 diet and drinking plans.

Notes

When the speech and language therapist shares the results of her assessment with the nursing home staff and Mitzi's family, they explain that they are concerned that Mitzi remains at risk of choking and aspiration. She advises that a decision needs to be made as to how this is approached. The speech and language therapist advises that 'feeding at risk', insertion of a nasogastric (NG) Tube, or if necessary, a percutaneous endoscopic gastrostomy (PEG) would be possible options.

Notes

In line with the Mental Capacity Act (2005) framework, an assessment of Mitzi's capacity to make a decision regarding her eating and drinking needs is completed. The outcome of this is that Mitzi is deemed to lack capacity to be able to make this decision. A best interests meeting involving the ward team, Mitzi's family and the nursing home manager is carried out, weighing up the pros and cons of each eating and drinking option presented by the speech and language therapist. Mitzi's son and daughter both have Lasting Power of Attorney for Health and Welfare on behalf of Mitzi, and together they decide that in Mitzi's best interests she should continue to be fed at risk.

Notes

The speech and language therapist completes an individual nutrition and hydration care plan for Mitzi and includes all her favourite food and drinks in it as reported by her family and the nursing home manager. Mitzi responds positively to this – especially to the thickened chocolate milk and pureed mashed potato. She recovers from her UTI and dehydration sufficiently to be discharged back to the nursing home.